

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000002459

1. Entity Name
THE MARIEL GRACE LIMITED PARTNERSHIP



Principal Place of Business
**9119E BOCA GARDENS CIRCLE SOUTH
 BOCA RATON, FL 33496**

Mailing Address
**9119E BOCA GARDENS CIRCLE SOUTH
 BOCA RATON, FL 33496**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222004

Chg-LP

CR2E003 (10/03)

4. FEI Number
65-0716622

Applied For
 Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEMAN, SANDRA L
 9119E BOCA GARDENS CIRCLE SOUTH
 BOCA RATON, FL 33496**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record. **\$20,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date. **11,200.00**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**FREEMAN, SANDRA L
 9119E BOCA GARDENS CIRCLE SOUTH
 BOCA RATON, FL 33496**

STREET ADDRESS
 CITY-ST-ZIP

**100038168311
 06/22/04--01063--012 **23.90**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

**100038168311
 06/22/04--01063--011 **150.00**

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 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/13/04

561 482 6426

Date

Daytime Phone #

STAPLE CHECK HERE